(d) Standing Committee constituted in M/o Health & Family Welfare gives recommendations to concerned Ministries/Depatement/Government agencies including Lok Sabha and Rajya Sabha Sectt. for treatment abroad of such VIPs whose treatment is not available in the country. From CGHS budget only expenditure as explained in reply to part (a) above has been incurred for the last three years so there is no proposal to reduce the expenditure on treatment of VIPs outside the country.

Upgradation of rural hospitals and health infrastructure

1161. DR. KARAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has decided to focus on up-gradation of block and district level hospitals;

(b) if so, whether his Ministry is also planning to launch a pilot project of universal health insurance in the country;

(c) whether under the Rural Health Mission Rs. 6,700 crores have been allocated for this year to ensure that health infrastructure in rural areas improves;

(d) if so, the other measures being considered for improving the health infrastructure in rural areas;

(e) the total public care centre in the country; and

(f) the extent to which these measures have helped in improving the health-care in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. The block level and district level hospitals are to be upgraded to Indian Public Health Standard (IPHS).

(b) NRHM seeks to make available assured health care at reduced financial risks through pilots of Community Health Insurance under the Mission.

(c) The budget outlay for National Rural Health Mission for 2005-06 is Rs. 6731.16 crores.

(d) to (f) At present there are 142655 Sub-centres, 23109 Primary health Centres and 3222 Community Health Centres functioning in the country. NRHM seeks to strengthen Sub-centres by provision of untied funds of Rs. 10,000/- per year which would be operated by the ANM and the

Sarpanch, supply of allopathic and indigenous medicines and provision of an additional worker (male multipurpose worker or additional ANM), depending on availability of increased allocations for NRHM in coming years. It also seeks to sanction new Sub-centres as per 2001 population norm, and upgrading existing Sub-centres, including buildings for Sub-centres functioning in rented premises will be considered.

The PHCs will be strengthened to provide a package of essential public health programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in at least 50% of PHCs across the country, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level and providing standard treatment protocols and training medical officers and para-medical workers in their use.

One of the key strategies of the NRHM is to support upgradation of all Community Health Centres to function as First Referral Units as per the Indian Public Health Standards. The funds for an amout of Rs. 20 lakhs per CHC for 2 CHCs per district are being provided to the States, in the current financial year, 2005-06. It also seeks to strengthen these centres for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS) and integration of vertical Health and Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary health care.

Pesticides in vegetables and fruits

1162. SHRI PRAMOD MAHAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether excessive pesticides are found in vegetables and fruits;

(b) if so, its effects on human bodies; and

(c) the manner in which Government propose to meet the alarming situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) A survey on presence of Pesticide Residues in food products including fruits and vegetables, conducted by Directorate General of Health Services, Ministry of Health and Family Welfare during 2002-03 indicates the presence of hexachlorocyclot hexane (HCH) residue which is well within the Maximum Residue Limit (MRL) of HCH prescribed under the PFA Rules, 1955. No